## FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

		Office Use Only
1. NAME OF USE FEC MAI OR TYPE OR		
Castor for Congress		
ADDRESS (number and street) P.O. Box 5	419	
Check if different than previously reported. (ACC)		FL 33675
2. FEC IDENTIFICATION NUMBER \(\psi\)	CITY 🙇	STATE A ZIP CODE A
C00410761	3. IS THIS X NEW (N)	OR AMENDED  AMENDED  FL  11  11
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X April 15 Quarterly Report (Q1)	(b) 12-Day <b>PRE</b> -Election Report fo	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)	Election on	in the State of
January 31 Year-End Report (YE)	(c) 30-Day <b>POST</b> -Election Report f	or the:
	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 0 1 0 1	2 0 0 6 through	03 31 2006
I certify that I have examined this Report and to the Type or Print Name of Treasurer Amy	e best of my knowledge and belief it is true Martin	e, correct and complete.
Signature of Treasurer Electronically Filed by	Amy Martin	Date 0 4 1 5 2 0 0 6
NOTE : Submission of false, erroneous, or incom	olete information may subject the person s	igning this Report to the penalties of 2 U.S.C 437g.
Office Use Only		FEC FORM 3 (Revised 02/2003)